## M230000012SI

(Re	questor's Name)	)
(Ad	dress)	<u> </u>
DA)	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 845439 4311305
AUTHORIZATION: Expellelle man
COST LIMIT : \$ 25.00
ORDER DATE : June 29, 2023
ORDER TIME : 8:32 AM
ORDER NO. : 845439-010
CUSTOMER NO: 4311305
FOREIGN FILINGS
NAME: 6920 BLUEBONNET BOULEVARD LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

### **COVER LETTER**

-	istration Section ision of Corporations			
SUBJECT:	6920 Bluebonnet Boulevard LLC			
	Name of Fore	ign Limited Lial	bility Com	pany
Dear Sir or	Madam:			
The enclose	ed application, certificate and fee(	s) are submitted	for filing.	
Please retur	n all correspondence concerning t	his matter to the	following	<u>.</u> :
Robert Adjn	ni			
	Name of Person		_	
c/o ACHS M	lanagement Corp.			
	Firm/Company		_	
1412 Broad	way, 3rd Floor			
	Address		_	
New York, N	New York 10018			
	City/State and Zip Co	de	_	
bobby@acs	hny.com			
E-mail ad	dress: (to be used for future annu-	al report notifica	ition)	
For further i	information concerning this matte	r. please call:		
Robert Adjm	ni 	212 at (	398-39	70, ext. 310
	Name of Person	Area Code	& Daytir	ne Telephone Number
Reg Divi P.O.	ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Division The Cen 2415 N.	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303
Encl □\$25 Filing	losed is a check for the following Fee   \$\Boxed{\Boxesia} \\$30 \text{Filing Fee & Certificate of Status}\$	g amount:  \$55 Filing Certified (		S60 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of
State: 6920 Bluebonnet Boulevard LLC	
Enter new principal office address, if applicable:	
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	<u></u>
Enter new mailing address, if applicable: ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	PH
2. The Florida document number of this limited lial	bility company is: M23000007251
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: June	6, 2023
SECTION II (5-9 complete only the applicable c	changes)
5. New name of the limited liability company: 96 (must	10 Hutchinson Park Drive Holdings LLC contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a laging members adopting the alternate name. The alternate name" or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our records. enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Reg	vistered Agent:
hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of and accept the obligations of my position as registe	t and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ared agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

itle/ Capacity	<u>Name</u>	Address	Type of A	\ction
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		. <u> </u>	OF	₹emov
				Add
			DF	Remov
				Add
Attached is a certi	ificate, if required; no more than 90 d	ays old, evidencing the	D	Remov
aforementioned a	mendment(s), duly authenticated by the law of which this entity is organi  /s/Robert Adjmi	he official having custody of records zed.	in the	3 3 3 3 3 3 3 4 3
	Signature of the Robert Adjmi	e authorized representative		_

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# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "6920 BLUEBONNET

BOULEVARD LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "9610 HUTCHINSON PARK DRIVE HOLDINGS LLC" ON THE TWENTY
NINTH DAY OF JUNE, A.D. 2023, AT 3:29 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 203713419 Date: 07-10-23

6327068 8320 SR# 20232959098